

## Glossary

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<b>Business Associate</b>	A person or organization that performs a function or activity on behalf of the IHCP but is not a part of the FSSA/OMPP staff such as EDS, Health Care Excel (HCE), or Myers and Stauffer.
<b>Covered Entity</b>	A <i>covered entity</i> is a health plan, health care clearinghouse, or any health care provider who transmits any health information in an electronic form in connection with any HIPAA-required transactions. This includes the use of the OMNI device or direct data entry (Web entry) by a provider. Medicaid is specifically mandated as a health plan in the Act.
<b>Data Use Agreement</b>	<p>The agreement between the IHCP and the limited data set recipient, those receiving de-identified data, to obtain satisfactory assurance that the limited data set will only be used or disclosed for limited purposes. The data use agreement content must:</p> <ul style="list-style-type: none"><li>• Establish the permitted uses and disclosures of the information by the limited data set recipient, which can only be for research, public health, or health care operation purposes;</li><li>• Not allow use or further disclosure by the limited data set recipient outside of the scope of the uses authorized by the <i>Privacy rule</i>;</li><li>• Establish who is permitted to use or receive the limited data set; and</li><li>• Provide that the limited data set recipient will:<ul style="list-style-type: none"><li>– Not use or disclose the information other than permitted by the data use agreement or as required by law;</li><li>– Use appropriate safeguards to prevent use or disclosure that is not permitted by the data use agreement;</li><li>– Report to the IHCP any use or disclosure of the limited data set that is not permitted by the data use agreement as it becomes aware of such violation;</li><li>– Ensure that any agents, including subcontractors abide by the same restrictions and conditions that apply to the limited data set recipient, in regard to the limited data set usage; and</li><li>– Not identify the information or contact the individuals.</li></ul></li></ul>
<b>Designated Record Set</b>	<p>The <i>designated record set</i> defines the scope of information that the IHCP member has the right to access and request amendment. The designated record set is not required to reside in one location. If a business associate of the IHCP, such as EDS or HCE, maintain the information, it is still considered to be part of the IHCP designated record set.</p> <p>As a health plan, the IHCP creates the claim records from information received from a health care provider and creates the eligibility file from information received via the ICES system. The individually identifiable information maintained in the electronic claims subsystem and eligibility subsystem, for the specific member, are considered the individually identifiable information in the IHCP's designated record set.</p>

Information maintained by the IHCP in regard to eligibility determination, program coverage decisions, or payment are considered to be a part of the designated record set. Copied information that is forwarded to the IHCP, when the original is kept by the author, is considered part of the designated record set, and thus, would be accessible to the member through the IHCP.

*Designated record set* means: A group of records maintained by or for a covered entity that is:

- The medical records and billing records about individuals maintained by or for a covered health care provider;
- The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or
- Used, in whole or in part, by or for the covered entity to make decisions about individuals (with the exception of psychotherapy notes).

With some exceptions noted in the *IHCP Member Access to Protected Health Information* policy, the Medicaid member has the right to access their PHI contained and maintained in the designated record set.

### IHCP Designated Record Set

The IHCP designated record set consists of information used to provide treatment and payment for the provision of healthcare. This information would be contained in:

- Electronic claim records maintained in the IndianaAIM claim subsystem
- Member Eligibility information in the IndianaAIM recipient subsystem
- Original paper Prior Authorization records
- Original Third Party Liability records
- Original medical records used by the IHCP to make decisions about the member, such as the *Determination of Disability Medical Information* form used by the Medical Review Team for Medicaid eligibility determination.

### What is not in the Designated Record Set

Information used for operational purposes, is not included in the designated record set, such as:

- Case management and care coordination
- Medical review
- Fraud and abuse detection
- Compliance programs

### Encryption

Encryption is the conversion of data into a form, called a ciphertext that cannot be easily understood by unauthorized people. Decryption is the process of converting encrypted data back into its original form, so it can be

understood.

## IndianaAIM

IndianaAIM is Indiana's Medicaid Management Information System. In addition to performing claims processing, the system maintains extensive recipient and provider information online, real time for eligibility verification and payment status information. IndianaAIM also includes a Decision Support System, which enables staff to access and retrieve data from multiple databases and create reports online.

## Limited Data Set

A *limited data set* is PHI that excludes direct identifiers of the individual or of relatives, employers, or household members of the individuals. The direct identifiers to be excluded to constitute a limited data set include:

- Names;
- Postal address information, other than town or city, State, and zip code;
- Telephone numbers;
- Fax numbers;
- Electronic mail addresses;
- Social security numbers;
- Medical record numbers;
- Health plan beneficiary numbers;
- Account numbers;
- Certificate /license numbers;
- Vehicle identifiers and serial numbers, including license plate numbers;
- Device identifiers and serial numbers;
- Web Universal Resource Locators (URLs);
- Internet Protocol (IP) address numbers;
- Biometric identifiers, including finger and voice prints; and
- Full face photographic images and any comparable images.

## IHCP Limited Data Set

The Indiana Health Coverage Programs (IHCP) does not collect all of the identifiers that are to be removed from the PHI to create a limited data set. For the IHCP limited data set purpose, the following identifiers would be removed from the PHI:

- Name;
- Medical record number (if applicable);
- Postal address information, other than town or city, State, and zip code;
- Telephone number;

- Social security number;
- Health plan beneficiary numbers (the member's RID information); and
- Account number (if applicable).

The IHCP may use or disclose a limited data set of PHI if the IHCP enters into a Data Use Agreement with the limited data set recipient. The limited data set and this agreement can only be used for the following purposes:

- Research,
- Public health, or
- Health care operations.

### **Personal Representative**

An individual who, under state law, has the authority to act on behalf of a member.

### **Protected Health Information**

Protected health information (PHI) is the individually identifiable health information that is:

- Transmitted by electronic media, which includes Internet, Extranet, leased lines, dial-up lines, private networks, magnetic tape, disk, or compact disk (45 CFR 162.103);
- Maintained in any electronic media; or,
- Transmitted or maintained in any other form or medium, which include oral communication or paper.

The IHCP is responsible for protecting the IHCP member's PHI in regard to access for use or disclosure. The majority of member information maintained on the IndianaAIM Recipient and Claim subsystems would qualify as PHI, and access must be limited to only those IHCP and contractor staff who require PHI usage in order to carry out their daily work duties. Full-time access or part-time access of limited duration, as in the case for special project work, may only be granted by the employee's supervisor and will be monitored by the supervisor on a quarterly basis.

### **Individually Identifiable Health Information**

*Individually Identifiable Health Information* is a subset of health information, including demographic information collected from the member, and:

- Is created or received by a health care provider health plan, employer, or health care clearinghouse; and
- Relates to the past, present, or future physical or mental health or condition of an member; the provision of health care to a member; or the past, present, or future payment for the provision of health care to a member; and

- That identifies the member; or
- Could reasonably be used to identify the member.

*Health information* includes information, whether oral or recorded in any form or medium.

## PHI Exclusions

PHI excludes the individually identifiable health information in:

- Education records covered by the Family Educational Right and Privacy Act, as amended, 20 U.S.C. 1232g;
- Records used exclusively for health care treatment, for students 18 years or older or that are held by a post-secondary educational institution, and that have not been disclosed other than to a health care provider at the student's request; and
- Employment records held by a covered entity in its role as an employer.

## Treatment, Payment, and Health Care Operations

The IHCP may use and disclose PHI to carry out the treatment, payment, and health care operation functions, as defined, without authorization from the IHCP member. The information may not be used for any other purposes, such as holiday greetings, general public announcements, partisan voting information, or alien registration notices.

Except in the use and disclosure for treatment purposes, the IHCP must make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request when using, disclosing, or requesting PHI from another covered entity.

The FSSA/OMPP staff or contractor staff must ensure that the requesting covered entity has the authority to request and obtain the member's PHI.

## Treatment

*Treatment* means the provision, coordination, or management of health care and related services by one or more health care providers, including:

- The coordination or management of health care by a health care provider with a third party;
- Consultation between health care providers relating to a patient; or
- The referral of a patient for health care from one health care provider to another.

The IHCP does not provide direct treatment to members. However, appointment reminders and referrals to health care providers are considered treatment activities under HIPAA. The IHCP may disclose PHI to a member's treating provider to enable the member to receive health care.

NOTE: The *minimum necessary* requirement does not apply to disclosures to

or requests by a health care provider for treatment.  
(45 CFR 164.502(b)(2)(i))

## Payment

*Payment* means the activities that relate to the individual to whom health care is provided undertaken by:

- A health plan to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits under the health plan; or
- A health care provider or health plan to obtain or provide reimbursement for the provision of health care.

Payment activities include, but are not limited to:

- Determination of eligibility or coverage (including coordination of benefits or the determination of cost sharing amounts), such as:
  - Eligibility determinations made by, or on behalf of, the OMPP by other agencies for low-income families; pregnant women; children in foster care; aged, disabled, or blind individuals; and individuals residing in state institutions,
  - Data exchanges with the Social Security Administration to identify SSI recipients and perform Medicare buy-in activities for dually-eligible members,
  - Resolution of enrollment errors,
  - Production of ID cards,
  - Provision of enrollment, disenrollment, and error lists to the managed care organizations,
  - Verification of IHCP eligibility, coverage type, and service limitations to IHCP health care providers,
  - Data exchange with the Internal Revenue Service (IRS) to verify member income and assets for eligibility determination, and
  - Estate recovery, after a member's death, for those amounts paid by Medicaid on the member's behalf after they reached age 55.
- Adjudication or subrogation of health benefit claims;
- Risk adjusting amounts due based on enrollee health status and demographic characteristics;
- Billing, claims management, collection activities, obtaining payment under a contract for reinsurance, and related health care data processing;
- Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges; and
- Utilization review activities, including precertification and preauthorization of services, concurrent and retrospective review of services, including:
  - Member assessment for long term care or waiver program placement, and
  - Prior authorization of IHCP services.

## Health Care Operations

*Health care operations* means any of the following activities performed by the covered entity:

- Conducting quality assessment and improvement activities, including:
  - Outcomes evaluations and development of clinical guidelines,
  - Activities related to improving health or reducing health care costs,
  - Case management and care coordination,
  - Contacting health care providers and patients with alternative treatment information, and
  - Related functions that do not include treatment;
- Reviewing the qualifications or competence of health care professionals, evaluating performance, training, accreditation, certification, licensing, or credentialing activities;
- Underwriting, premium rating, or other work in regard to health insurance or health benefits, including:
  - Establishing managed care capitation rates,
  - Fee schedules, and
  - Payment amounts for services rendered to IHCP members;
- Conducting or arranging for medical review, legal services, and auditing functions, including:
  - Fraud and abuse detection, and
  - Compliance programs;
- Business planning and development activities, including:
  - Policy development for covered services, guidelines, limitations, and protocols,
  - Review and approval of the preferred drug list (PDL), and
  - Budget forecasting and expenditure analysis; and
- Business management and general administrative activities of the covered entity, including:
  - Customer service functions for applicants, members, and providers,
  - Complaint and problem resolution, and
  - De-identification of data.

## Unemancipated Minor

Minor who is less than 18 years of age, and is either living with, or financially dependent upon a parent/legal guardian.

## Appendix A: Notice of Privacy Practices

**Note: Notice is effective April 14, 2003. This is not the official form. For an official form, please contact the IHCP Privacy Office.**

### Indiana Health Coverage Programs



## NOTICE OF PRIVACY PRACTICES

If you would like a copy of this notice in Spanish, please contact the IHCP Privacy Office at (317) 713-9627 or 1-800-457-4584.  
Si usted desea una copia de esta noticia en Español, por favor contacte a la Oficina Privada de IHCP al (317) 713-9627 o al 1-800-457-4584.

**This notice is to all Indiana Health Coverage Programs (IHCP) members including Medicaid, Hoosier Healthwise, Medicaid Select, and members residing in institutions operated by the Indiana State Department of Health and the Division of Mental Health and Addictions who have received medical services outside of those institutions. This notice is for your information only. You do not need to take any action as a result of this notice.**

### Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice tells how the IHCP may use or release your health information. It also tells you about your rights and the IHCP requirements about the use and release of your health information. Your health information will not be shared without your written authorization except as described in this notice, or when required or permitted by law. If you give us your written authorization, you may change your mind by telling us in writing. The IHCP may change its privacy practices and make the new privacy practices effective for all protected health information we maintain. If the terms of this notice change we will mail you a revised copy of this notice to the address you have supplied.

### Our Responsibilities and Commitment to You

We understand that your health care information is personal. We take our responsibility to keep your personal health information private very seriously. We are committed to following all state and federal laws that protect your health information. We are required to protect your health information, tell you about your rights to your health information, and to give you this notice explaining our responsibilities and the ways we use and share your health information.

### Use and Disclosure of Your Health Information

We do not create health records. We receive health information to help us make decisions about whether you qualify for certain programs or services. We use your health information to pay for services provided to you by your health care provider, for health care operations, and to evaluate the quality of services you receive. While we cannot describe all cases related to the use of your health information, the following are some common examples of how we use your personal health information:

- Doctors, hospitals, and other health care practitioners that provide services to you submit your health information to us in the form of a claim for payment. They may also give us your health information in order to obtain prior authorization or to find out if a service is covered. These requests include information that identifies you, your diagnosis, and procedures you have received, or that you might receive in the future. We use this health information to approve and pay for the services that we cover. We may also share your information with other programs that may pay for your health care, such as Medicare or private insurance companies in order to get payments.
- We may use your health information to review the care and outcome of your treatment and to compare the outcomes of other people who received the same or similar treatment. We use this information to improve the quality and effectiveness of health care services.
- We may also disclose your health information to our employees, as well as companies and persons we have contracts with, so they can perform the jobs we ask them to do, such as approving services for you or reviewing payments made to health care practitioners. To protect your health information we require everyone who has a contract with us to follow rules protecting your information.
- We may use and disclose your health information to tell you or your provider about possible treatment options, alternative treatments, and for other health-related benefits.
- We may disclose or share your health information with other government agencies that may provide public benefits or services to you. We may also disclose or share your information with other government agencies permitted by law, including the federal government, to show how the IHCP is working and to improve the programs.



**Your Health  
Information  
Rights**

- We may use or disclose your health information in compliance with the law in a public emergency to notify your family; for public health activities to prevent or control disease, injury or disability or report abuse; to comply with Workers' Compensation laws; as required by law including in response to a subpoena, discovery request, court or administrative order, for issues of national security, to report vital statistics, or to process organ donation information.
- We may disclose your information to researchers when the information cannot identify you or when their research has been reviewed and approved by an institutional review board to ensure the continued privacy and protection of your health information.
- You have the right to request that the IHCP not release your personal health information, release only part of your information, or release it for reasons you request. We are not required to honor your request.
- You have the right to request a paper copy of this notice at any time, even if you agree to receive it electronically by e-mail.
- You have the right to request a list showing each time we released your personal health information. Your written request must be submitted to the IHCP Privacy Office and state what time period you want to cover. The time period may not go back further than six years and may not include dates before April 14, 2003. This list will not include personal health information that was released to provide treatment to you, to make or obtain payment for services, for health care operations, for national security, or for use by prisons or law enforcement officials. This list will not include information released to you by the IHCP that you requested in writing, or information released to persons who are involved in your care.
- You have the right to request that we contact you about your personal health matters in a certain way or at a certain location. For example, you can request that we only contact you at work or by e-mail. We will review and accommodate only reasonable requests. To request a special way or location for us to contact you about your personal health information, you must write to the IHCP Privacy Office at the address in the contact information at the end of this notice.
- You have the right to see and get a copy of your health information. You may be charged a fee for the costs of copying, mailing, or for other supplies needed for your request. You do not have the right to see or copy information used for lawsuits, criminal investigations or prosecutions, or notes made by a mental health therapist or psychiatrist. If you ever feel you have not been allowed to see or have copies of your medical information you can file an appeal with the IHCP Privacy Office. If an appeal is filed with the IHCP Privacy Office, an individual who did not participate in the decision to deny the request will review the appeal.
- You have the right to ask that we change health information that you feel is incorrect or incomplete. Your request may be denied if we did not create or write the information, it is not part of the information you can see or copy, or if we decide the personal health information has no errors and is complete.

Note: All requests about your health information must be in writing and sent to the IHCP Privacy Office address listed in the contact information section at the end of this notice.

**Contact  
Information or  
Filing a Complaint**

If you have questions or want additional information, you can contact the IHCP using the following address or phone number.

If you have a complaint about our health information practices or believe that we have violated your privacy rights, please submit the complaint to the IHCP at the following address. **All complaints must be submitted in writing.**

**IHCP Privacy Office**  
P.O. Box 7260  
Indianapolis, IN 46207-7260  
(317) 713-9627 or 1-800-457-4584

You can also file a complaint with the Secretary of Health and Human Services at the following address:

**Secretary of Health and Human Services**  
200 Independence Avenue, SW  
Washington, D.C. 20201

We will never take action against you for filing a complaint and it will not impact the health care services provided to you.

## Appendix B: Member Access Request Form

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Please click on the following link to access the Member Access Request Form:



**Form SF51737**

## Appendix C: Verification of Identity and Authority Form

**Note: This is not the official form. For an official form, please contact the IHCP Privacy Office.**

### *Verification of Identity and Authority Form – For EDS Internal Use Only*

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*This form is used to document your verification of the identity and authority of a person or entity, unknown to you, before granting access to or disclosing protected health information.*

#### **Section A: Member whose information is being disclosed**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, ZIP Code: \_\_\_\_\_  
IHCP RID Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### **Section B: Identity of person to whom information is being disclosed**

**Obtain a copy of what you relied upon to identify the person. Attach the copy to this form.**

Name: \_\_\_\_\_  
Company, organization, or government agency with whom the person claims affiliation: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, ZIP Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Personal representative's relationship to member: \_\_\_\_\_

☐ Person is known to me. Explain how you know the person: \_\_\_\_\_

☐ Personal identification (e.g. driver's license, photo ID). What document did you see? \_\_\_\_\_

☐ Government credentials (e.g. badge, identification card, appropriate document on government letterhead). What document did you see? \_\_\_\_\_

(Form continued on Page 2)

**Section C: Authority of person to receive access to protected health information  
being disclosed**

Obtain a copy of what you relied upon to authorize the person. Attach the copy to this form.

☐

Authority is known to me. Explain basis of your knowledge:

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☐

Personal representative status (e.g. identification as parent, guardian, executor, administrator, power of attorney). Copy of document attached.

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☐

Warrant, subpoena, order, summons, civil investigation demand or other legal process. Copy of document attached:

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☐

Appropriate document on government letterhead. Copy of document attached.

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☐

Government official's oral representation. State what you were told and why your reliance on it was reasonable under the circumstances:

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**Section D: Signature**

Form completed by:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attach this form to the verification documentation you obtained.

## Appendix D: Member Amendment Request Form

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Please click on the following link to access the Member Amendment Request Form:



**Form SF51739**

## **Appendix E: Member Authorization and Revocation Form**

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Please click on the following link to access the Member Authorization and Revocation Form:



**Form SF51733**

## Appendix F: Alternate Communication Form

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Please click on the following link to access the Alternate Communication Form:



**Form SF51741**

## **Appendix G: Use/Disclosure of PHI in Daily Work- A Quick Reference Guide**

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FSSA/OMPP staff members will use and disclose PHI in their daily work activities, within the authorized, routine duties of their assigned positions.

For example, if an IHCP member calls staff member X to obtain his or her PHI, staff member X may disclose the requested protected health information **ONLY AFTER** staff member X follows proper protocols to confirm the identity and authority of the member.

It is the obligation of each FSSA/OMPP staff member to follow proper protocols whenever PHI is used or disclosed.

Specific information regarding requirements and procedures for the use and disclosure of a member's PHI is contained throughout this manual, in the appropriate sections. FSSA/OMPP staff members must become familiar with these processes and should utilize the complete manual as an ongoing resource.

This appendix is provided as a "quick reference guide", which integrates pertinent protocols to be used by FSSA/OMPP staff members specifically for instances when an individual requests a member's PHI (including when the member requests their own PHI) from a FSSA/OMPP staff member and for FSSA/OMPP staff member's daily use and access to a member's PHI in the course of their authorized, routine duties.

### ***Phone Requests for Disclosure of PHI***

FSSA/OMPP staff members must be aware that the *Privacy Rule* requires that certain rules be followed regarding the PHI that can be disclosed to the caller, the situations in which PHI can be directly disclosed, and the situations when no PHI can be disclosed to the caller. The following procedures are to be followed by FSSA/OMPP staff members prior to releasing any PHI pursuant to a phone call. A flowchart, the FSSA/OMPP Member Phone Request Work Flow, is also provided to outline the process to be followed (see Figure G.1 in this appendix).



## Phone Call Scenarios:

**The member, or the parent of a member who is under the age of 18, calls FSSA/OMPP staff member to request program eligibility, benefit, benefit limitation, or specific service billing (claim) information.**

Follow these procedures:

Request program eligibility, benefit, benefit limitation, or specific service billing (claim) information.

Ask the caller for all of the following information to confirm the identity and authority of the caller, and use the information on the IndianaAIM Recipient subsystem (under the member's RID number) to confirm if the information is correct:

- Member name; and
- Member address; and
- Member RID number; and
- Member Social Security Number or member birth date.

If the caller is the member's parent, verify parental information on IndianaAIM (e.g. mother has name and RID number under *Recipient Mother RID* window).

If the information is **not consistent** with the information as noted in IndianaAIM, do not disclose the requested information. If the caller provides an address that is not in IndianaAIM, refer the member, or the member's parent, to the caseworker for an update to the ICES. PHI cannot be released until the information in IndianaAIM is consistent with the information provided by the caller.

If the caller provides the information as noted in IndianaAIM, ask the caller what specific information is requested. If the request is for program eligibility, benefit, benefit limitation, or service billing information (do not provide diagnosis), provide the information.

If the caller requests the information in writing (rather than over the phone), refer the member to the IHCP Privacy Office so that the request may be documented on the *Member Request for Information* form. The completed form will be submitted to the IHCP Privacy Office for response.

**The member's adult child or relative, who is not the legal guardian or personal representative of the member, calls an FSSA/OMPP staff member to request program eligibility, benefit, or benefit limitation regarding the member.**

Follow these procedures:

Request program eligibility, benefit, or benefit limitation regarding the member.

Provide limited information after verbal verification of the caller and member's identity. Information that may be provided in response to a phone inquiry is limited to:

- Program eligibility information
- Coverage or benefit limitation information
- Basic billing information, e.g., claim payment.

Do not provide information diagnosis or procedure codes or any specific information over the phone.

Tell the caller that **the member** must submit a written authorization form (refer to the IHCP Privacy Office). The IHCP Member Authorization form must be submitted to the Privacy Office.

**The member's legal guardian or personal representative calls an FSSA/OMPP staff member to request program eligibility, benefit, or benefit limitation regarding the member.**

Follow these procedures:

Request program eligibility, benefit, or benefit limitation regarding the member.

Provide limited information after verbal verification of the caller and member's identity. Information that may be provided in response to a phone inquiry is limited to:

- Program eligibility information
- Coverage or benefit limitation information
- Basic billing information, e.g., claim payment.

Do not provide information diagnosis or procedure codes or any specific information over the phone. Refer the requestor to the IHCP Privacy Office.

Proof of identity and proof of authority must be submitted to the IHCP Privacy Office prior to release of information (the *Verification of Identity and Authority* form will be used for this).

**The Member's IHCP health care provider calls an FSSA/OMPP staff member to request information about the member.**

Information regarding the member's treatment may be shared with the member's provider. Payment or health care operation discussions must be limited to the minimum necessary to answer the provider's question.

**The Member's Attorney calls an FSSA/OMPP staff member to request information about the member.**

No information will be disclosed to a member's attorney. Specific requests regarding third party liability (TPL) should be referred to the EDS TPL Unit. All other requests must be submitted in writing to the IHCP Privacy Office.

**Worker's Compensation Request**

No information will be disclosed to Worker's Compensation by an FSSA/OMPP staff member. Specific requests regarding Worker's Compensation should be referred to the EDS TPL Unit.

**Legislative Request**

Written requests may include a signed and authorized HIPAA compliant form or an Authorization to Act on Behalf of Constituent Form, or written correspondence or e-mail received from the constituent which includes verifiable personal information (such as social security number, case number and/or date of birth) and which clearly authorizes a Legislative staff member to receive the confidential information. In the absence of a written request, personal knowledge of the constituent's agreement to the release of the confidential information through participation in a meeting or conference call, which includes the constituent and a member of the agency's legislative team, may be sufficient.

***DISCLOSING PHI: Written Requests***

All written requests for PHI access should be submitted to the IHCP Privacy Office for processing. If an FSSA/OMPP staff member receives a written

request, the staff member must forward the request to the IHCP Privacy Office promptly.

Requests related to TPL will continue to be handled by the EDS TPL Unit.

## ***Your Access to PHI***

### **Use of PHI in your job**

As an FSSA/OMPP staff member, you have access to IHCP member PHI. Your appropriate unit supervisor is responsible for ensuring that you only have access to the minimum amount of PHI needed to perform your job duties.

It is your responsibility to be familiar with the contents of this manual, and to provide protection and security to all PHI that you have access to, including PHI access through the IHCP office in addition to off-site access.

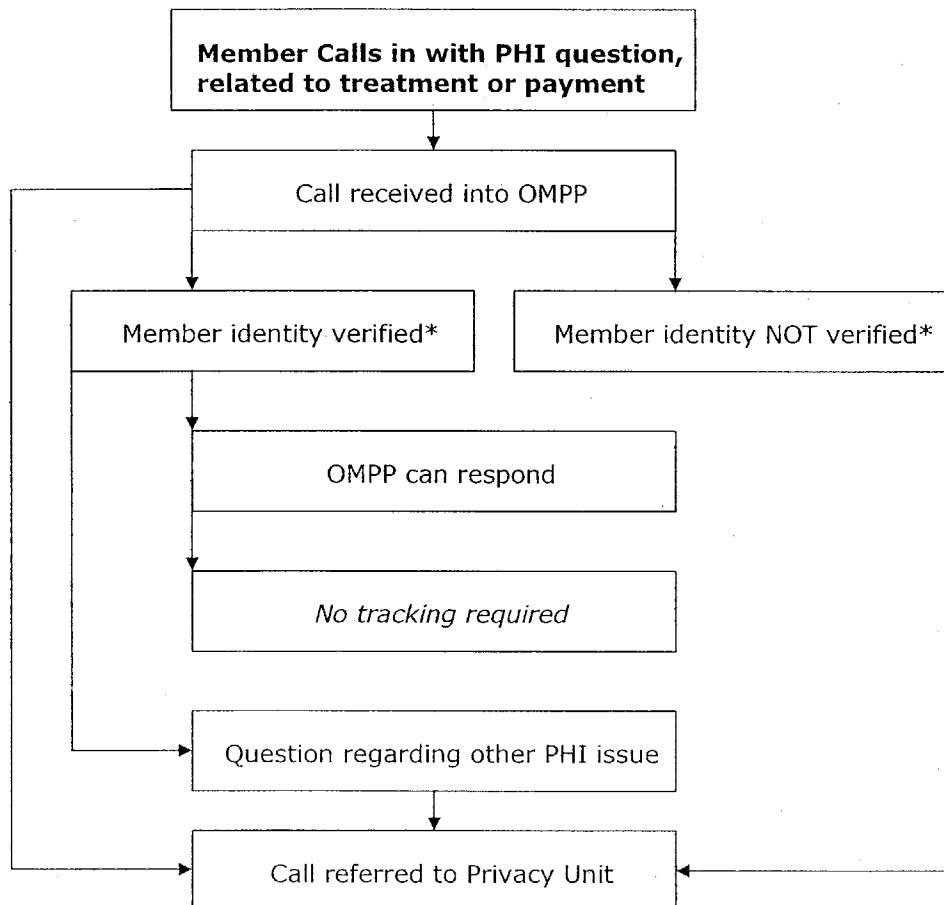
Please be aware that IHCP members' PHI may be in written, electronic, or oral forms. All forms must be protected from any inappropriate use or disclosure, as required by the *Privacy Rule*.

### **Workstation Requirements**

FSSA/OMPP staff members are responsible for maintaining a secure personal working environment. Please carefully review Section 20 of this manual, *Protected Health Information Safeguards*, to ensure that you are adequately protecting IHCP members' PHI.

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**Figure G.1: Member Phone Request Work Flow**



\* Use Protected Health Information (PHI) Inquiry Grid

**Table G.1: Protected Health Information (PHI) Inquiry Grid**

Person/Entity Requesting PHI	PHI is for a member(s) who is:		
	Age 18 or older, or an emancipated minor (note 1)	Under Age 18	Age 18 or older and has a legal guardian or personal representative
<b>Member</b>	No restriction after verbal or written verification of member identity (note 2)	N/A	No restriction after verbal or written verification of member identity (note 2)
<b>Member's Parent</b>	No disclosure without written authorization from the member (note 3)	No restriction after verbal or written verification of member identity and parent identity (note 2, and verify parental information if possible)	Provide limited information after verbal verification (note 4); No restriction after written verification of member and parent identity and authority, if parent is guardian or representative (note 5)
<b>Member's legal guardian or personal representative</b>	Provide limited information after verbal verification (note 4); No restriction after written verification of guardian/representative identity and authority (note 5)	Provide limited information after verbal verification (note 4); No restriction after written verification of guardian/representative identity and authority (note 5)	Provide limited information after verbal verification (note 4); No restriction after written verification of guardian or personal representative identity and authority (note 5)
<b>Member's adult child</b>	Provide limited information after verbal verification (note 4); No restriction after written authorization from the member (Note 3)	N/A	Provide limited information after verbal verification (note 4); No restriction after written authorization from the member (Note 3)
<b>Member's significant other</b>	Provide limited information after verbal verification (note 4); No restriction after written authorization from the member (Note 3)	N/A	Provide limited information after verbal verification (note 4); No restriction after written authorization from the member (Note 3)
<b>Member's IHCP health care provider</b>	No restriction on TPO-related discussions (note 6)	No restriction on TPO-related discussions (note 6)	No restriction on TPO-related discussions (note 6)
<b>Attorney</b>	No disclosure without written authorization from the member (note 3)	No disclosure without written authorization from the member (note 3)	No disclosure without written authorization from the member (note 3)
<b>Legislative Staff</b>	No disclosure without written authorization from member; or without direct request from member via a meeting or conference call. (note 7)	No disclosure without written authorization from member; or without direct request from member via a meeting or conference call. (note 7)	No disclosure without written authorization from member; or without direct request from member via a meeting or conference call. (note 7)
<b>Worker's Compensation (note 8)</b>	No restriction on TPO-related discussions (note 8)	No restriction on TPO-related discussions (note 8)	No restriction on TPO-related discussions (note 8)

**Table G.1 NOTES:**

- 1:** Written verification of minor's emancipation is required.
- 2:** Member must provide name, address, RID number, and either the social security number or birth date. Verify all information to member information on IndianaAIM. If the information does not match, do not disclose information. If member has new address, refer member to caseworker who will make change to ICES. Member can call back after new address is on IndianaAIM.
- 3:** The member must submit a written authorization form to the IHCP Privacy Office prior to disclosing the PHI.
- 4:** Follow member identity process in Note 2, and if possible, verify parental information on IndianaAIM (e.g., mother has name and RID number under *Recipient Mother RID* window).  
Provide only the following information in response to a phone inquiry:
  - Program eligibility information
  - Coverage or benefit limitation information
  - Basic billing information, e.g., claim paymentDo **NOT** provide diagnosis or procedure codes or any specific information over the phone.
- 5:** The legal guardian or personal representative must submit proof of identity and proof of authority to the IHCP Privacy Office prior to disclosure (e.g., completion of the *Verification of Identity and Authority* form, and documentation supporting authority to act on behalf of member). Refer caller to the IHCP Privacy Office to obtain this form.
- 6:** Information regarding the member's treatment can be shared with the provider without the minimum necessary requirement. All other payment or health care operation discussions must be limited to the minimum necessary to answer the question.
- 7:** Written requests may include a signed and authorized HIPAA compliant form or an Authorization to Act on Behalf of Constituent Form, or written correspondence or e-mail received from the constituent which includes verifiable personal information (such as social security number, case number and/or date of birth) and which clearly authorizes a Legislative staff member to receive the confidential information. In the absence of a written request, personal knowledge of the constituent's agreement to the release of the confidential information through participation in a meeting or conference call, which includes the constituent and a member of the agency's legislative team, may be sufficient.
- 8:** The EDS TPL Unit will handle all Worker's Compensation cases.



**Table G.2: Protected Health Information Authorization Requirements**

PHI release requested to/for:	Authorization Required (from member)	Tracking Required	Minimum Necessary Standard	
To a member	No	No	No- after verification of identity.	Deleted: No
To a member's personal representative/legal guardian <i>Limited information may be disclosed by OMPP, however, the IHCP Privacy Office must have written verification of the legal guardian or personal representative's identity and authority prior to disclosing more specific information (refer to Table G.1).</i>	No	No	No- after verification of identity.	Deleted: No
To a member's health care provider*	No	No	No- after verification of identity.	Deleted: No
To a member's attorney	Yes	No	No- after authorization.	Deleted: No
To a member's legislative representative	Yes	No	No- after authorization.	Deleted: No
To a deceased member's personal representative <i>Limited information may be disclosed by OMPP, however, the IHCP Privacy Office must have written verification of the legal guardian or personal representative's identity and authority prior to disclosing more specific information (refer to Table G.1).</i>	No	No	No- after verification of identity.	Deleted: No
For payment purposes*	No	No	Yes	
For health care operation purposes*	No	No	Yes	
Required by law	No	The tracking requirement for law enforcement purposes is dependent upon the member's status and the nature of the	PHI released must be limited to the relevant requirements of the specific law.	

<b>PHI release requested to/for:</b>	<b>Authorization Required (from member)</b>	<b>Tracking Required</b>	<b>Minimum Necessary Standard</b>
		disclosure.	
<b>For public health activities</b>	No	Yes	PHI released must be limited to the relevant requirements of the specific law.
<b>For law enforcement purposes</b>	No	Yes	Yes
<b>For health oversight activities</b>	No	Yes-The tracking may be temporarily suspended when requested by the health oversight agency or official.	Yes
<b>For worker's compensation activities</b>	No	Yes	Yes
<b>To the Secretary of HHS</b>	No	Yes	No
<b>De-identified information</b>	No	No	Individually identifiable information is removed before disclosure.
<b>Limited data set</b> <i>Limited data set requests and disclosures may only be used for research, public health, or health care operation purposes.</i>	No	No	Select direct identifiers are removed from information before disclosure.
<b>By a whistleblower</b>	No	No	Yes
<b>By a workforce crime victim</b>	No	No	Limited to the requirements in 45 CFR 164.502(j)
<b>Prior to April 14, 2003</b>	N/A	No	No

\* Psychotherapy notes can be disclosed without member authorization ONLY for the following specific treatment, payment, and health care operations:

- Use by the originator of the psychotherapy notes for treatment
- Use or disclosure by the IHCP to defend itself in a legal action or proceeding brought by the member
- A use or disclosure permitted with respect to the oversight of the health care provider originating the psychotherapy notes.
- For any other use, coordinate with the OMPP Privacy Coordinator.



## Appendix H: Requests to Legislative Staff

**Note: This is not an official form. For an official form, please contact the IHCP Privacy Office.**

I request and authorize Rep/ Sen. \_\_\_\_\_ (or a staff member designated by the legislator) to place an inquiry on my behalf and to receive confidential information from the proper officials regarding my concern. I realize this may involve the disclosure of confidential information, including but not limited to health information otherwise protected as confidential under the Health Insurance Portability and Accountability Act (HIPAA). I hereby grant permission to Rep. /Sen. \_\_\_\_\_ (or designated staff member) to receive this information in order to address my concerns.

I authorize only the release of information directly relevant to my inquiry.

This authorization shall automatically expire within sixty (60) days of date of the form, unless written notice of revocation is received by Sen./ Rep. \_\_\_\_\_ prior to that date.

Constituent Name: \_\_\_\_\_

Name of Individual Subject of Inquiry (if other than the Constituent) \_\_\_\_\_

Relationship to Constituent: \_\_\_\_\_

Constituent / Subject

Address: \_\_\_\_\_

Constituent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Description of the situation/inquiry:

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Note: Federal privacy regulations require your authorization in order for our office to receive confidential health information from certain agencies.

## Appendix I: Personal Representative Authorization Form

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Please click on the following link to access the Personal Representative Authorization Form:



**Form SF51732**

## Appendix J: Member Restriction Request Form

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Please click on the following link to access the Member Restriction Request Form:



**Form SF51740**

## Appendix K: Member Accounting Request Form

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Please click on the following link to access the Member Accounting of Disclosures Request Form:



**Form 51738**